| Codals | |
|--|--|
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | A. Signature X Agent Addressee B. Received by (Printed Name) C. Date of Delivery (0 G OV |
| 1. Article Addressed to John E. Potter | D. Is delivery address different from item 1? |
| Postmaster General U. S. Postal Service 475 L'Enfant Plaza, SW | |
| Washington, D.C. 20260-0010 | Service Type Certifled Mail |
| 2. Article Number | 4. Restricted Delivery? (Extra Fee) |
| (Transfer from service label) 7005 116 | |
| Domestic Return Receipt 102595-02-M-1540 | |